



COLORADO RIVER INDIAN TRIBES

Career Development Office

13390 N. FIRST AVENUE

PARKER, ARIZONA 85344

(928) 669-5548 • 800-809-6207 • Fax (928) 669-5570

critcdo@critcdo.com • www.crit-cdo.com

ADULT VOCATIONAL TRAINING (AVT) PROGRAM

Congratulations on your decision to continue your education! The Colorado River Indian Tribes annually appropriates contracted Bureau of Indian Affairs (BIA) Career Development & Education Services funds to eligible Tribal students pursuing a **Certificate, Diploma, or an Associate of Applied Science (A.A.S.) degree.** Degrees obtained from a junior college or an accredited Vocational Training Facility can provide marketable vocations skills while enhancing self-sufficiency.

The Adult Vocational Training Program shall not exceed two (2) years (24 mos.), with the exception of a Nursing Program, which shall not exceed three (3) years (36 mos).

DEADLINE DATES:

FALL SEMESTER

June 30th by 5:00PM – If it falls on a Saturday, it will be the Friday before, or if it falls on a Sunday, it's the following Monday.

SPRING SEMESTER

October 30th by 5:00PM – Same as above

YOU ARE ADVISED NOT TO START CLASSES WITHOUT RECEIVING NOTIFICATION FROM THE CAREER DEVELOPMENT OFFICE THAT THE TRIBAL COUNCIL HAS MADE THE FINAL APPROVAL OF YOUR COMPLETED APPLICATION, otherwise you will be responsible for any payment that is due.

GENERAL ELIGIBILITY: (PLEASE NOTE: GPA requirement must be met – no exceptions)

1. Be an enrolled member of the Colorado River Indian Tribes
2. Be a High School graduate with a cumulative Grade Point Average (GPA) of a 2.5 or better, or earned a GED Certificate with a composite score of a 45% or better or a passing confirmation.
3. Be admitted & enrolled at a Junior College or Vocational Training Facility.
4. Apply for all available funding sources (Pell Grant, SSIG, etc.)
5. Be pursuing a Certificate, Diploma, or an Associate of Applied Science degree.

RESPONSIBILITY OF THE APPLICANT:

- A. Complete, sign and submit **AVT APPLICATION**
- B. Submit **PHYSICAL (Medical Exam)**
- C. Submit **IMMUNIZATION & SENSITIVITY RECORD**
- D. Request and submit **OFFICIAL TRANSCRIPTS** from the last/most recent school attended.
****A Transcript bearing a raised seal or printed tamper-proof security paper from the Institution will be verified as official. Official Transcripts must be received by our office in a sealed envelope directly from the institution. PHOTOCOPIES AND/OR FAXES will not be accepted. NO EXCEPTIONS**
- E. Submit a copy of the **ACCEPTANCE LETTER** from the school/institution, if you are a first year and/or transfer student. A class schedule or billing letter will not suffice.
- F. *****VERY IMPORTANT – ANY QUESTIONS, PLEASE ASK*****

Submit a copy of the **STUDENT AID REPORT (SAR)**. You must fill out a **Free Application for Federal Student Aid (FASFA)/PELL Grant Application** (www.fafsa.ed.gov). **After submitting your application to the respective processing center, you will receive a Student Aid Report (SAR) in approximately 4-6 weeks via mail or e-mail (your preference).** A copy of an Institutional Student Information Record (SIR) is acceptable, and maybe obtained through most school's financial aid office. In most cases the financial aid office will also require a copy of you and your parents' 1040's & W-2's (income tax information) for "verification" purposes.
- G. Submit a **completed FINANCIAL AID NEEDS ANALYSIS (FANA)** to our office, completed by the school's financial aid office.
- H. Submit Proof of Enrollment: **CERTIFICATE OF INDIAN BLOOD (CIB)**, Tribal Identification Card or BIA Preference form. (CIB/Tribal ID may be obtained from the Enrollment Office, (928) 669-1240.)

No application will be processed until ALL required documents have been received by the Career Development Office. IT IS THE STUDENT'S RESPONSIBILITY to make inquiry regarding their application status, verifying that the required documents have been received by our office.

For more information regarding the Adult Vocational Training (AVT) application process, please contact us: (928) 669-5548, or toll free 1-800-809-6207, by fax (928) 669-5570, or by e-mail, critcdo@critcdo.com.

ADULT VOCATIONAL TRAINING APPLICATION CHECKOFF LIST

*****IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE ALL PAPERWORK HAS BEEN RECEIVED BY THE CRIT CAREER DEVELOPMENT OFFICE BY THE DEADLINE*****

TOLL FREE 1-800-809-6207 PHONE NUMBER 928-669-5548 FAX NUMBER 928-669-5570
critcdo@critcdo.com www.crit-cdo.com

APPLICANT: _____ **SSN:** _____

TYPE OF TRAINING: _____

(circle) New / Cont / Former

INSTITUTION: _____

Start Date: _____

Date Rec'd by CDO:

June 30th **Oct 30th**

____1. AVT Application

——2. Physical (Medical Exam)

—3. Immunization Record

____4. FERPA Signed Statement

____5. CDO Repayment Policy

 6. Official Transcripts:

Notes:

****A Transcript bearing a raised seal or printed tamper-proof security paper from the Institution will be verified as official. Official Transcripts must be received by our office in a sealed envelope directly from the institution. PHOTOCOPIES AND/OR FAXES will NOT be accepted. NO EXCEPTIONS.**

(Must indicate a 2.5 cumulative GPA or better - GED must indicate a 45% or better or a passing confirmation.

*****Continuing and Former students must submit Official Transcripts from last semester/quarter funded. For additional information, please refer to the Education Code.**

____7. Acceptance Letter

____ 8. Student Aid Report (SAR)

____9. Financial Aid Needs Analysis (FANA)

_____ faxed / mailed

____ 10. Certificate of Indian Blood (CIB)/Tribal ID

11. Course Outline

12. Class Schedule

APPLICATION FOR TRAINING OR
EMPLOYMENT ASSISTANCE

INFORMATION RECORD Name (Last, First, Middle Initial) _____	Mailing Address: _____	Date of Birth: _____
	E-mail Address: _____	CRIT Tribal Member: Y ___ N ___
	Telephone No. _____	Social Sec. # _____

Veteran Yes _____ No _____	Marital Status Single _____ Married _____ Divorced _____ Separated _____ Widowed _____	Number of Dependents _____ Children in School _____
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Applying for- Vocational Training _____ Direct Employment _____	Request: 1st _____ 2nd _____ 3rd _____	Agency: Pima (unless noted) Area: Colorado River (unless noted)	In case of Emergency: Name: _____ Addr.: _____ Phone: _____
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Education:
 Highest Grade Completed: _____ Schools attended and Date: _____

Type of training or employment you are interested in: _____

Do you have any physical limitations that would interfere with your training or employment? Yes _____ No _____

Have you had previous training? Yes _____ No _____

If yes, please explain: _____

Training or Employment Location desired: _____

For Training: _____

Program Title: _____

School and Address: _____

Do you have income from any source? Yes _____ No _____

If yes, please explain: _____

EMPLOYMENT RECORD: (List your three (3) most important periods of employment)

From: _____ to: _____ Employer Name and Address: _____
 Job Title: _____ Description of duties: _____

Reason for leaving: _____

From: _____ to: _____ Employer Name and Address: _____
 Job Title: _____ Description of duties: _____

Reason for leaving: _____

From: _____ to: _____ Employer Name and Address: _____
 Job Title: _____ Description of duties: _____

Reason for leaving: _____

TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend to the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school, and will, to the best of my ability, satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes for the Bureau of Indian Affairs (BIA) will be so used or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, such as Supplemental Educational Opportunity Grants (SEOG), Pell Grant, etc., this will be included when computing my financial aid package, and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Colorado River Indian Tribes (C.R.I.T.) Career Development Office. _____ (Initials)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by the BIA and the Career Development Office to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routing manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide required information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses in the statement.

(Applicant Signature) (Date)

(Interviewer Signature) (Date)

CERTIFICATION OF REVIEWING OFFICIAL:

I certify that the applicant _____ eligible for _____ and _____
is/is not _____ Indicate Service is/is not
in need of _____ financial assistance as authorized under 25 CFR, Parts 26 and 27.
Partial/Full

Reviewing Official

Date

IMMUNIZATION AND SENSITIVITY RECORD

I have read or have had explained to me the information contained in the Important Information Statement(s) or Vaccine Information Pamphlet(s) about the disease(s) and the vaccine(s) noted next to my signature below or on the reverse side. I have had the opportunity to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated on this form be given to me or the person named on this health record for whom I am authorized to make this request.

Vaccine	Date of Signature	Signature of Person to Receive Vaccine or Person Authorized to Make Request	Age at Vaccination	Manufacturer and Lot No.	Vaccination Date	Vaccination Site	Form No. and Date	Signature and Title of Provider
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ITP or DT — under 7 years (Circle type)

1 DTP DT								
2 DTP DT								
3 DTP DT								
4 DTP DT								
5 DTP DT								

I — 7 years and older

PV IPV — under 18 years (Circle type)

TOPV IPV								
TOPV IPV								
TOPV IPV								
TOPV IPV								
TOPV IPV								

Conjugate — under 5 years (Indicate type: PED = Pedvax, HIBT = Hibtiter, Pro = Prohibit)

I — 15 months and older (under 15 months in special circumstances)

Measles, Mumps, Rubella — 15 months and older (Indicate type)

PATIENT IDENTIFICATION

IHS/Tribal Facility Address

Vaccine	Date of Signature	Signature of Person to Receive Vaccine or Person Authorized to Make Request	Age at Vaccination	Manufacturer and Lot No.	Vaccination Date	Vaccination Site	Form No. and Date	Signature and Title of Provider
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HEPATITIS B — HBIG

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HEPATITIS B (includes dose)

#1								
#2								
#3								

INFLUENZA

PNEUMOCOCCAL

OTHERS

Date Given	Signature of Provider	Date Read	Results	Signature of Provider	Date Given	Signature of Provider	Date Read	Results	Signature of Provider
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TUBERCULIN TEST

			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	

SKIN SENSITIVITY TEST (Cocci, etc.)

	AFFIL.	ORG.	INITIALS/CODE
PATIENTS			
PRIMARY PROVIDER			

Date _____
Active Time _____ : _____ AM
Critic _____

PROBLEM LIST UPDATE
(Enter Problem Numbers From Health Summary)

Remove	Change to Inactive	Change to Active

[illegible]



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FERPA FORM FOR STUDENT'S CONSENT TO RELEASE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a Federal Law designed to protect the privacy of aspects of a student's educational record that are not considered "Directory" information. Educational records are considered confidential and will not be released without the written consent from the student, except to the extent that FERPA authorizes disclosure without consent. For this reason, it is necessary for the Career Development Office to obtain permission *from* the student in order to release academic information not excluded by FERPA laws.

In accordance with the Federal Education Rights and Privacy Act (FERPA) of 1974, I, _____ (please print Full Name) the undersigned, authorize the release of any academic information to the person(s) listed below. This includes, but is not limited to class schedule, name of instructors, grades and courses I have selected for the upcoming semester. The Colorado River Indian Tribes Career Development Office must still abide to the Federal Education Rights and Privacy Act of 1974 (FERPA) as to all other requests for student information. **This form will expire on the last day of the current academic year. Annual renewal is required to release academic information to the person(s) specified below.**

Name: Colorado River Indian Tribes - Career Development Office, 13390 N 1st Avenue, Parker AZ 85344

I certify that I have read and understand the Consent For Student Release of Information Form.

Student Signature

Student ID Number

Date

Please return one copy to the Career Development Office. Retain one copy for your records.

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13390 N 1ST AVENUE

PARKER AZ 85344

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Career Development Office Repayment Policy

TO BE INITIALED BY APPLICANT:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school, and will, to the best of my ability, satisfactorily complete the courses which I have selected.

I further agree that the funds issued to me for educational purposes from the Colorado River Indian Tribes, will be so used or repayment *will be* made **back** to the **Colorado River Indian Tribes-Career Development Office**. (Refer to website, www.crit-cdo.com, Education Code, Section 8-4502, "Repayment of Funds").

I understand that if I am eligible for other funds, such as, Supplemental Educational Opportunity Grants (SEOG), Pell Grants, etc., this will be **included** when computing my financial aid package, and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income verification information to the Colorado River Indian Tribes (C.R.I.T.) Career Development Office. I also understand that I am responsible for following all the rules and regulations regarding the grants and scholarship program.

_____ (Initials)

*****LOANS***** I also understand that accepting any student loan is discouraged. If I do accept a loan, my Tribal scholarship award must be reduced by the amount of my loan and returned to the Tribes. I am aware that if it is found that I have accepted a loan, I will be held responsible for reimbursement to the Colorado River Indian Tribes. I cannot hold the Colorado River Indian Tribes responsible for any payments. _____ (Initials)

I have read the above statement listed with the application form. I hereby acknowledge consent to provide the required information and authorize the use of such information to the extent of the use specified in the statement.

Applicants Signature

Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

S.S. _____

Name of Student (MAIDEN NAME)

Date of Birth

I hereby authorize _____
Name and address of last school attended

City

State

Zip Code

to release transcripts and any other information concerning the above named student to:

**COLORADO RIVER INDIAN TRIBES
CAREER DEVELOPMENT OFFICE
13390 N 1st AVENUE
PARKER ARIZONA 85344**

☐ Now

☐ After final grades are posted.

Signature of parent, guardian, or
student if over 18 years of age.

Mailing Address (Student)

Date

P.O. Box, Route

City

State

Zip Code

APPLICANT IS RESPONSIBLE FOR ANY FEE THAT IS NEEDED FOR TRANSCRIPT



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FINANCIAL AID NEEDS ANALYSIS (FANA)

This form is to be completed by Financial Aid Officer

Student Name: _____ Academic Year _____

Academic Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Student's Major/Program: _____

Please do not complete until the student's financial aid file is complete. Undergraduate students are required to file a "Free Application for Federal Student Aid" (FASFA) each academic year. **ESTIMATES WILL NOT BE ACCEPTED.**

PLEASE COMPLETE ENTIRE FORM – PLEASE DO NOT LEAVE ANY BLANK AREAS

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE IMMEDIATELY

SCHOOL EXPENSES:

Tuition (\$ _____ per credit) \$ _____
Books/Supplies \$ _____
Room & Board \$ _____
Transportation \$ _____
Personal \$ _____
Child Care \$ _____

TOTAL EXPENSES \$ _____

FEDERAL AID:

Pell Grant \$ _____
SEOG \$ _____
SSIG \$ _____
Academic Competitiveness Grant (ACG) \$ _____
TOTAL FEDERAL AID \$ _____

RESOURCES:

Parent Contribution \$ _____
Student Contribution \$ _____
Veteran's Benefits \$ _____
Scholarship: \$ _____
Tuition Grant \$ _____
Loans: \$ _____

Student Loans will be deducted from Tribal Awards

TOTAL RESOURCES \$ _____

() Student suspended from campus-based aid for failure to maintain satisfactory progress.

() Student in default or owes on Title V funds.

TOTAL UNMET NEED \$ _____

Please indicate dates for recommended award (fill in term cycle/dates/semester/quarters AND amounts):

\$ _____ (Term/dates)	\$ _____ (Term/dates)
\$ _____ (Term/dates)	\$ _____ (Term/dates)

Financial Aid Officer: _____ Signature: _____ Date: _____

School Name: _____ Address: _____

Phone: _____ Fax: _____ E-mail: _____

PLEASE RETURN TO C.R.I.T. CAREER DEVELOPMENT OFFICE BY SPECIFIED DEADLINE:

This form can be faxed to our office at 928 669-5570

<u>Fall, Winter, Spring</u>	<u>June 30 by 5:00 MST</u>
<u>Winter & Spring ONLY</u>	<u>October 30 by 5:00 MST</u>